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FACSIMILE COVER SHEET

OCT 27 2005

Deliver to: El Hadji Malick Sall, USPTO
 Facsimile No.: (571) 273-8300
 From: James Henry, Reg. No. 41,064
 Our Docket No.: 81862P214
 Application No.: 09/818,062

Art Group: 2157
 Date: October 27, 2005
 Number of pages 5 including this sheet.
 Filing Date: 3/26/2001
 Docket Due Date(s): 10/29/2005

Enclosed are the following documents:

Amendment: _____ (____ pgs)
 Appeal Brief (____ pgs)
 Application: _____
 (____ pgs) w/cover & abstract
 Assignment & Cover Sheet (____ pgs)
 Certificate of Facsimile _____
 Continued Prosecution Application (CPA)
 Declaration & POA (____ pgs)
 Drawings: ____ sheets, ____ figures
 Extension of Time: ____ three (3) months
 Fee Transmittal (in duplicate)
 IDS & PTO/SB/08 (____ pgs)
 Other _____

Issue Fee Transmittal
 Notice of Appeal
 Petition for: _____
 Request for Continued Examination (RCE)
 Reply Brief (____ pgs)
 Request & Certification Under 35 USC 122(b)(2)(B)(i)
 Request to Rescind Previous Nonpublication Request
 Response to Notice of Missing Parts & Formalities Letter
 Response to Written Opinion (____ pgs)
 Terminal Disclaimer
 Transmittal of Publication Fee Due
 Transmittal Letter

CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.81)
 I hereby certify that this correspondence is being transmitted by facsimile on the date shown below to the United States Patent and Trademark Office.

Pat Sullivan
 Pat Sullivan

10/27/2005
 Date

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FEE TRANSMITTAL for FY 2005		<i>Complete If Known</i>	
<small>Patent fees are subject to annual revision.</small>		Application Number	09/818,062
<input type="checkbox"/>		Filing Date	March 26, 2001
<input type="checkbox"/>		First Named Inventor	Sriram Haridas
<input type="checkbox"/>		Examiner Name	El Hadji Malick Sall
<input type="checkbox"/>		Art Unit	2157
TOTAL AMOUNT OF PAYMENT		(\$)	1,810.00
<input type="checkbox"/>		Attorney Docket No. 81862P214	

METHOD OF PAYMENT (check all that apply)

Check Credit card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayment of fee(s) Credit any overpayments
under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.

FEE CALCULATION

1. EXTRA CLAIM FEES

Total Claims	25	Claims below	Fee Paid
Independent Claims	5	25* = 0 x 60.00 = \$0.00	
Multiple Dependent		5* = 0 x 200.00 = \$0.00	

Large Entity		Small Entity		Fee Description
Fee Code	(9)	Fee Code	(8)	
1202	50	2202	25	Chairs in excess of 20
1201	200	2201	100	Independent claims in excess of 3
1203	360	2203	180	Multiple Dependent claim, if not paid
1204	300	2204	150	"Reissue independent claims over original patent
1205	300	2205	150	"Reissue claims in excess of 20 and over original patent
		SUBTOTAL (1)		(S)
				0.00

**or number previously paid, if greater. For Rebates, see below.*

2. ADDITIONAL FEES

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1051	130	2051	85	Surcharge - late filing fee or oath
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet.
2053	130	2053	130	Non-English specification
1251	120	2251	60	Extension for reply within first month
1252	450	2252	225	Extension for reply within second month
1253	1,020	2253	510	Extension for reply within third month
1254	1,580	2254	785	Extension for reply within fourth month
1255	2,160	2255	1,080	Extension for reply within fifth month
1401	500	2401	250	Notice of Appeal
1402	500	2402	500	Filing a brief in support of an appeal
1403	1,000	2403	500	Request for oral hearing
1451	1,510	2451	1,510	Petition to institute a public use proceeding
1460	130	2460	130	Petitions to the Commissioner
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)
1806	180	1806	180	Submission of Information Disclosure Stmt
1809	700	1809	395	Filing a submission after final rejection (37 CFR § 1.129(a))
1810	700	2810	395	For each additional invention to be examined (37 CFR § 1.129(b))
Other fee (specify) _____				
RCE fee of \$280.00 _____				

Fee Paid
1,020.00

SUBMITTED BY

Complete (if applicable)

SUBMITTED BY		Registration No. (Attorney/Agent)	41,064	Telephone	(714) 557-3800
Name (Print/Type)	James Henry				
Signature				Date	10/27/05

Based on PTO/SB/17 (12-04) as modified by Blank, Sokoloff, Taylor & Zafman (wtr) 12/15/2004.
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450